EPA Form 8700-12 (6-80)

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	INSTRUCTIONS: If you received a preprinted					
INSTALLA- TION'S EPA I.D. NO. I. NAME OF IN- STALLA- TION INSTALLA- TION MAILING ADDRESS PLEASE PLACE LABEL IN THIS SPACE III LOCATION OF INSTAL- LATION	label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).					
FOR OFFICIAL USE ONLY						
COMMENTS						
C DATE RECEIVED	55					
INSTALLATION'S EPA I.D. NUMBER APPROVED (yr., mo., & day)						
F/10 D 0 9 3 7 9 9 9 7 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
I. NAME OF INSTALLATION						
PMS CONSOLIDATED MISSOURII DIV	15100					
II. INSTALLATION MAILING ADDRESS						
STREET OR P.O. BOX						
3 PO BOX 497	45					
CITY OR TOWN ST. ZI	PCODE					
4 ST PETERS	- 51					
III. LOCATION OF INSTALLATION						
STREET OR ROUTE NUMBER						
57 GUENTHER	45					
TOTAL STATES AND ADMINISTRATION OF A STATE OF THE STATE O	PCODE					
6 DT PETEKS	. 51					
IV. INSTALLATION CONTACT	PHONE NO. (area code & no.)					
NAME AND TITLE (last, first, & job title)	314 208 5080					
15 16 CARL LAWI MANAGER	45 46 - 48 49 - 51 52 - 55					
V. OWNERSHIP A. NAME OF INSTALLATION'S LEGAL OWNER						
SW B BRADBURY SR.						
15 16 (enter the appropriate letter into box) VI. TYPE OF HAZARDOUS WASTE ACTIVITY (content to the appropriate letter into box)	enter "X" in the appropriate box(es))					
(enter the appropriate letter three dom)	TRANSPORTATION (complete item VII)					
F = FEDERAL	UNDERGROUND, INJECTION					
VII MODE OF TRANSPORTATION (transporters only – enter "X" in +1-	PROPERTY OF THE PROPERTY OF TH					
A. AIR B. RAIL C. HIGHW.						
VIII. FIRST OR SUBSEQUENT NOTIFICATION						
Mark "X" in the appropriate box to indicate whether this is	e activity or a subsequent notification.					
If this is not your first notification, enter your Installation's RCKA RDG	C. INSTALLATION'S EPA I.D. NO.					
A. FIRST NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete ite						
IX. DESCRIPTION OF HAZARDOUS WASTES Please go to the reverse of this form and provide the requested information.						
FPA Form 8700-12 (6-80)	CONTINUE ON REVERSE					

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L. DESCRIPTION OF H HAZARDOUS WASTES F	ROM NON-SPECIFIC	SOURCES. Enter the	four-digit number fro	om 40 CFR Part 261.31	for each listed hazardous
waste from non-specific s	ources your installation	handles. Use addition	al sheets if necessary.		
	2	3	4	5	6
23 × 26	28 26	23 - 26	23 - 26	23 - 26	23 26
7	8	9	10	11	12
HAZARDOUS WASTES F	ROM SPECIFIC SOLIS	CES Enter the four	digit number from 40 C	ED Post 261 22 for one	h listed hazardous waste from
specific industrial sources	your installation handle	s. Use additional sheet	s if necessary.	71 11 Part 201,32 101 eac	ii iisted iidzaidods waste ii oii
13 1/	14	15	16	17	18
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NUUD	NOOS	KOOS	K101016		
23 26	25 26	23 - 26	23 26	23 26	23 28
19	20	21	22	23	24
23 26	23 26	23 26	23 26	23 26	23 - 28
25	26	27	28	29	30
	president and the second				
23 1 26	23 26	23 - 26	23 - 26	23 . 75	
COMMERCIAL CHEMICA	L PRODUCT HAZAR	DOUS WASTES. Enter	the four-digit numbe	r from 40 CFR Part 26	1.33 for each chemical sub-
tance your installation ha	ndles which may be a h	azardous waste. Use ac	lditional sheets if neces	sary.	
31	32	33	34	35	36
				 1 1 	
23 28	23 - 26	23 26	23 26	23 28	23 26
37	38	39	40	41	42
23 - 28	23 - 26	23 - 26	23 - 26	23 26	23 26
43	44	45	46	47	48
\ 23 \ \ 26	23 20 26	23 28	23 - 26	23 26	25 25 26 27
ISTED INFECTIOUS WA	ASTES. Enter the four-	-digit number from 40	CFR Part 261.34 for e	ach listed hazardous wa	ste from hospitals, veterinary
ospitals, medical and rese	arch laboratories your i	nstallation handles. Us	e additional sheets if n	ecessary.	
49	50	51	52	53	54
HARACTERISTICS OF	NON LICTED HAZAE	DOLIC WASTES Mani	- // // in the house com	23 26	23 - 26
azardous wastes your inst			261.24.)	esponding to the charac	cteristics of non—listed
	l segundên bi				
☐1. IGNITABL		2. CORROSIVE	∐3. REA (D003)	CTIVE	4. TOXIC
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CERTIFICATION					
certify under penalty	of law that I have p	ersonally examined	and am familiar wi	th the information s	ubmitted in this and all
tached documents, and	d that based on my	inquiry of those ind	lividuals immediatel	y responsible for ob	taining the information
believe that the submit	ted information is t	rue, accurate, and c	omplete. I am awar	e that there are sign	ificant penalties for sub-
itting false information	, incluaing the possi	ouity of fine and imp	orisonment.		
NATURE		NAME & OFF	TICIAL TITLE (type or	print)	DATE SIGNED
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13.19	//	1 LANT	MANAGE	/C	11-11-80
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